Date August 13, 2009

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
	Application	Application Number 10/54		43,025					
FEE TRANSMITTAL				Filing Date		March 30, 2006			
	First Name	First Named Inventor Micha		hael E. GARRETT					
Applicant c	Examiner I	Examiner Name Clinto		on T. Ostrup					
	Art Unit	7							
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attomey D	Attorney Docket No. M02B12				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify);									
Deposit Account Deposit Account Number: 02-2865 Deposit Account Name: The BOC Group, Inc.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILI	NG FEES <u>Small E</u>	SEA ntity	RCH FEES. Small Ent		AINATION Small			
<u>Application</u>	<u>Type</u> <u>Fee (</u>	\$) <u>Fee (</u>			<u>Fee</u>	(\$) Fee		Fees Paid (\$)	
Utility	330	165	540	270	220	11	0		
Design	220	110	100	50	140	7)		
Piant	220	110	330	165	176	9.	5		
Reissue	330	165	540	270	650	32	5		
Provisional	220	110	0	0	()	0		
2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$)									
	Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110								
Multiple dependent claims							390	195	
Total Claims			ee Paid (\$)	Paid (\$)			endent Claims		
- 20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								Fee Paid (\$)	
Indep. Claims	Extra (Claims	Fee (\$) Fe	e Paid (\$)					
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s),									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): Petition for Extension of Time is attached 130.00									
		- /							
SUBMITTED BY Signature /Philip H. Von Neida/ Registration No. (Attorney/Agent) 34,942 Telephone 908-771-							000 774 0400		
ignature /Philip H. Von Neida/ Registration No. (Attorney/Agent) 34,942 Telephone 908-771-6402								908-771-6402	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Philip H. Von Neida